1FW/S

Atty. Dkt. No. 085449-0158

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Karin Butz et al.

Title:

PEPTIDES FOR INDUCING APOPTOSIS IN TUMOR CELLS

Appl. No.:

10/519,539

International Filing Date:

7/1/2003

371(c) Date:

3/15/05

Examiner:

Laura B. Goddard

Art Unit:

1642

Confirmation No.:

3633

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] Assertion of Small Entity status is enclosed.
 - [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	6	-	36		0	х	\$50.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$210.00	=	\$0.00
First p	resentation	of any	y Multiple I	Depende	ent Claims:	+	\$370.00	=	\$0.00
					CLAIMS	FEE	ETOTAL	=	\$0.00

[X]Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the first month:	\$120.00	\$120.00
[] Extension for response filed within the second month	\$460.00	\$0.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTE	\$120.00	
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLA	AIMER FEE TOTAL:	\$120.00
[X] Small Entity Fees Apply (\$60.00	
Extension	\$0.00	
	TOTAL FEE:	\$60.00

A credit card payment form in the amount of \$60.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicants hereby petition for such extension under 37 C.F.R. §1.136 and authorize payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Customer Number: 22428

Telephone:

(202) 672-5538

Facsimile:

(202) 672-5399

Agent for Applicants

Registration No. 54,083